

GET ALARMED, TENNESSEE !!!

Smoke Alarm Installation Program

Date of Request: _____ Proposed Install Date: _____

Actual Install Date: _____ How many alarms installed? _____

RESIDENTS INFO

Last Name: _____ First Name: _____

Street/Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is Email the preferred way to contact you? Yes / No

RESIDENCE

1. Type of Residence

- ☐ One Family
- ☐ Multi-Family
- ☐ Apartment
- ☐ Manufactured Home

2. Do you rent or own residence?

- ☐ Own
- ☐ Rent

3. Number of levels (stories) in your home:

- ☐ One
- ☐ Two
- ☐ Three or more

4. How many people live in the household?

• _____

5. Number of smoke alarms currently in home

• _____

6. Does anyone living in residence SMOKE?

- ☐ Yes
- ☐ No

7. Does anyone living in the residence have a disability?

- ☐ YES
- ☐ NO

If yes, please describe and fill out back of form:

DISABILITY

1. Check the *PRIMARY* and *SECONDARY* disability for which you need the alarm.

If you do not have a secondary disability, please continue with the next question.

PRIMARY:

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Blind
- ☐ Visually Impaired
- ☐ Mobility Impaired

SECONDARY:

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Blind
- ☐ Visually Impaired
- ☐ Mobility Impaired

2. Primary Language

- ☐ English
- ☐ Hispanic
- ☐ American Sign Language (ASL)
- ☐ Other: _____

3. If you selected deaf or hard of hearing as your primary or secondary disability, what is your situation regarding an interpreter when an installer comes to your home??

- ☐ I do not need an interpreter
- ☐ I have someone who can interpret for me
- ☐ I will need an interpreter

4. If you selected deaf or hard of hearing, do you have a seizure disorder that might be triggered by a strobe light??

- ☐ Yes
- ☐ No

5. What is your preferred format for home fire safety messages?

- ☐ Standard Print
 - ☐ Large Print
 - ☐ Braille
 - ☐ Audio Tape
 - ☐ CD
-

Please send completed forms to:

State Fire Marshal's Office
500 James Robertson Pkwy
Nashville, TN 37243
Or fax to: 615-741-1583